

SERIAL NUMBER 09/034,553	FILING DATE 03/03/98	CLASS 607	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 1794-B-DIV-4
-----------------------------	-------------------------	--------------	------------------------	-------------------------------------

APPLICANT
STUART D. EDWADS, LOS ALTOS, CA; THOMAS F. KORDIS, SUNNYVALE, CA.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CON OF 08/747,811 11/14/96

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 05/14/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 20	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS
DANIEL D RYAN
FULLER RYAN HOHENFELDT & KEES
633 WEST WISCONSON AVENUE
MILWAUKEE WI 53203

TITLE
CARDIAC MAPPING AND ABLATION SYSTEMS

FILING FEE RECEIVED \$954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
------------------------------	---	---

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/034,553	03/03/98	607	3736	1794-B-DIV-4

APPLICANT

STUART D. EDWARDS, LOS ALTOS, CA; THOMAS F. KORDIS, SUNNYVALE, CA; DAVID SWANSON, SAN JOSE, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CON OF 08/747,811 11/14/96 DAT 5,871,443
 WHICH IS A DIV OF 08/636,174 04/22/96 ABN
 WHICH IS A DIV OF 08/168,476 12/16/93 PAT 5,509,419
 WHICH IS A DIV OF 07/951,157 09/25/92 PAT 5,309,910

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

FOREIGN FILING LICENSE GRANTED 05/14/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials	Initials	CA	20	12	5

ADDRESS

DANIEL D RYAN
 FULLER RYAN HOHENFELDT & KEES
 633 WEST WISCONSON AVENUE
 MILWAUKEE WI 53203

TITLE

CARDIAC MAPPING AND ABLATION SYSTEMS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$954		

SERIAL NUMBER		FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/034,553		03/03/98	607	3736	1794-B-DIV-4	
APPLICANT	STUART D. EDWARDS, LOS ALTOS, CA; THOMAS F. KORDIS, SUNNYVALE, CA; DAVID SWANSON, SAN JOSE, CA.					
ADDRESS	**CONTINUING DOMESTIC DATA*****					
	VERIFIED THIS APPLN IS A CON OF 08/747,811 11/14/96 WHICH IS A DIV OF 08/636,174 04/22/96 ABN WHICH IS A DIV OF 08/168,476 12/16/93 PAT 5,509,419 WHICH IS A DIV OF 07/951,157 09/25/92 PAT 5,309,910					
TITLE	**371 (NAT'L STAGE) DATA*****					
	VERIFIED					
FOREIGN APPLICATIONS***						
VERIFIED						
FOREIGN FILING LICENSE GRANTED 05/14/98						
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 20	TOTAL CLAIMS 12
Verified and Acknowledged		Examiner's Initials Initials		INDEPENDENT CLAIMS 5		
DANIEL D RYAN FULLER RYAN HOHENFELDT & KEES 633 WEST WISCONSIN AVENUE MILWAUKEE WI 53203		Lyon & Lyon Attention: David T. Burse 633 West Fifth Street Suite 4700 Los Angeles, CA 90071				
CARDIAC MAPPING AND ABLATION SYSTEMS						
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____			
\$954						